

For your

Your
BenefitsConnection
Group Insurance Commission

BENEFIT

Published quarterly by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts

Mitt Romney, Governor

Robert W. Hungate, Chairman

Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at a
Reasonable Cost*

Inside This Issue of FYB:

- Use New GIC Patient Safety
Information to Help with Your
Inpatient Treatment Decisions!
.....page three
- If You Have High Blood
Pressure, Read On
.....page three
- Three New Members
Welcomed to the Commission
.....page four
- GIC Health Fair Schedule 2003
.....page four
- New Contraceptives Increase
Options
.....page six

ACTIVE EMPLOYEES

**Be Sure to Bring Home This
Newsletter and Your
Benefit Decision Guide!**

**It is important for your
family to be involved in your
benefit selections.**



Annual Enrollment is April 7 through May 9 For Changes Effective July 1, 2003 (Also See Annual Enrollment News on Page 2)

Annual enrollment time is here, giving you the opportunity to review your benefit selections and make changes if you desire. Enrollees may change their health plan, and employees who do not have GIC basic life or basic life and health coverage can elect to pick up coverage. Enrollees with optional life insurance with smoker status who have been tobacco-free for at least twelve months (have not smoked cigarettes, cigars or pipes, nor used snuff or chewing tobacco) may apply for reduced non-smoker rates.

continued on page 4

The State of Health Care and the Commonwealth Important Benefit News



The health care cost challenges that surfaced last year have not gone away, and have instead intensified. Health care spending continues to climb more steeply than it has in recent years, and the Commonwealth's economic downturn has worsened our fiscal challenges. These trends are creating a situation where the GIC is going to have to make some changes that all of us wish were not necessary.

However, we do see some encouraging signs in containing health care costs in a positive way. Throughout the industry there is an increased focus on:

- ◆ Improving patient safety
- ◆ Managing care for the chronically ill
- ◆ Improving administrative efficiency

The GIC is actively involved in all these efforts so that we can continue our mission of quality care at reasonable costs. We weigh all changes very carefully and try to minimize any negative impact.

continued on page 2



Annual Enrollment Important Benefit News

continued from page 1

CIGNA HMO and CIGNA CentralCare Eliminated – Members Must Pick a New Plan

The GIC will discontinue offering CIGNA HealthCare and CIGNA CentralCare effective July 1, 2003. Members in either of these HMOs must select another plan by May 9, 2003.

HPHC Preferred 65 Discontinued

Harvard Pilgrim Health Care will discontinue offering the Medicare Preferred 65 Plan. Members of this Plan must choose a different GIC Medicare Health Plan during annual enrollment. If the member has a spouse with Non-Medicare coverage, the spouse must also select a new plan with the same carrier as the insured. The coverage will be effective July 1, 2003.

New HMO Option

The GIC will offer a new HMO effective July 1, 2003. This Plan, called Fallon Community Health Plan Direct Care, has a network primarily consisting of Fallon clinic providers. Office co-pays and premiums are less expensive than other HMO options.

Fallon Community Health Plan Name

Because the GIC is adding a new HMO option with Fallon Community Health Plan, the HMO will change its name to Fallon Community Health Plan Select Care effective July 1, 2003.

HMO Benefit Changes

Prescription drug co-pays for Fallon Community Health Plan and the Tufts HMO will increase effective July 1, 2003:

Fallon Community Health Plan – Tier I/Tier II/Tier III

- ◆ Retail: \$10/\$20/\$40
- ◆ Mail-order: \$20/\$40/\$120

Tufts Health Plan – Brand/Non-Preferred Brand (generic stays the same):

- ◆ Retail: \$20/\$35
- ◆ Mail-order: \$40/\$70

Fallon Community Health Plan will discontinue offering its dental discount program and the co-pay for chiropractic visits 11-20 will change to \$10.

Medicare HMO Benefit Changes

The following changes will become effective July 1, 2003.

- ◆ Office visit co-pays will increase to \$10 for Tufts Medicare Complement.
- ◆ Office visit co-pays, prescription drug co-pays, and emergency room co-pays will increase for Tufts Secure Horizons:
 - ◆ Office visits: \$10
 - ◆ Emergency room co-pay: \$50
 - ◆ Prescription drug - generic/brand/non-preferred brand:
 - Retail: \$10/\$20/\$40
 - Mail-order: \$20/\$40/\$80

Prescription Drug Benefits for Indemnity, Indemnity PLUS, Indemnity Medicare Extension (OME), and PPO Members

Effective July 1, 2003, members of the Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Medicare Extension (OME), and Commonwealth PPO will pay a higher cost for a Non-Preferred Brand Name drug *if* a generic version of that drug is available. Called Generics Preferred, this program provides an incentive for enrollees to obtain the generic version of a brand name drug. If you obtain a prescription for a Non-Preferred brand name drug, for which there is a generic version, you will pay the generic drug co-pay *PLUS* the difference between the cost of the generic and the cost of the Non-Preferred Brand Name drug.

For example, for a 30-day supply obtained at a retail pharmacy, if the cost of a generic drug version of a Non-Preferred Brand Name drug is \$20, you will pay the generic co-pay of \$7. However, if you select the brand version, with a cost of \$100, you will pay the generic drug co-pay *PLUS* the difference in the drug cost, or \$87. The same program also applies to the costs of medication you obtain through mail order.

There will also be a new program to encourage the most appropriate drug therapy for certain conditions. Called Step Therapy, this program will provide coverage for some expensive drug treatments only after safe, effective and less expensive drug treatments are tried first.

To save money, we encourage you to bring the GIC Prescription Drug Plan formulary to your doctor's office. Discuss with your doctor whether drugs with lower co-payments are appropriate for you. The GIC Pharmacy Program's benefit manager, Express Scripts, mails members the drug formulary once a year. It is also available on their web site: www.express-scripts.com.

continued on page 3



Annual Enrollment Important Benefit News

continued from page 2

Mental Health and Substance Abuse Benefits for Indemnity, Indemnity PLUS, Indemnity Medicare Extension (OME) and PPO Members

Corresponding to the medical benefit changes made last year, the inpatient care calendar year deductible and outpatient care co-pays for mental health and substance abuse services will increase effective July 1, 2003. See your *Benefit Decision Guide* for details. The GIC awarded a new contract to United Behavioral Health (UBH), the current carrier, to administer this benefit.

New this year is a Substance Abuse Rehabilitation Incentive Program. Members who successfully complete all prescribed inpatient treatment and aftercare rehabilitation for substance abuse can apply for a refund for all inpatient and outpatient co-pays associated with their care. Be sure to check out the newly expanded UBH web site with a catalog of over 6,600 helpful articles, provider database, and benefit details, including the LAWPHONE legal referral service: www.liveandworkwell.com - access code 10910.

New Pre-Tax Health Care Spending Account for Active Employees

To help mitigate higher out-of-pocket health care costs, as reported in the last issue of *FYB*, the GIC is introducing a new Pre-Tax Health Care Spending Account (HCSA) beginning July 1, 2003. This program will help employees to save federal and state taxes on non-covered health-related expenses, such as physician office visit and prescription drug co-payments. During annual enrollment employees can elect a six-month contribution of \$250 to \$750. See your *Benefit Decision Guide* for details. Due to federal tax laws, this program is only available to active employees.

Indemnity Plan Name Change Reminder

As reported in the last issue of *FYB*, we are changing the name of the Indemnity Plan effective July 1, 2003 to help eliminate confusion surrounding the GIC and several of our plans. The GIC Indemnity Plan, the GIC Indemnity Plan PLUS, and the GIC Indemnity Medicare Extension Plan (OME) will change to the Commonwealth Indemnity Plan, the Commonwealth Indemnity Plan PLUS, and the Commonwealth Indemnity Medicare Extension Plan (OME), respectively. The GIC has again contracted with UNICARE to administer these plans. Throughout this newsletter they are referred to by their new names.

Use New GIC Patient Safety Information to Help with Your Inpatient Treatment Decisions!

After two and a half years of working with our plans and other employers committed to promoting patient safety initiatives, we now have information to help you with your inpatient treatment decisions. The *Benefit Decision Guides* include the results for all Massachusetts hospitals on three safety measures proven to reduce medical mistakes. These results were reported to the Leapfrog Group, a coalition of large employers, including the GIC, committed to improving patient safety. This information is also available in the new *GIC Plan and Hospital Report Card*, available on our web site and at the health fairs. Be sure to check out how our HMOs and the PPO measure up on quality and member satisfaction.

If You Have High Blood Pressure, Read On

If you are one of the one in four adults with high blood pressure, talk to your doctor about what prescription drugs make sense for you and your condition. A new study conducted by the *National Institutes of Health's National Heart, Lung and Blood Institute*, found that diuretics, which work by increasing urine output, can be more effective in preventing fatal and nonfatal heart attacks than certain calcium channel blockers, ACE inhibitors, and alpha-adrenergic blockers. The diuretics have the added advantage of costing a few cents a pill compared to \$1 to over \$2 per pill for the newer treatments.

High blood pressure, also known as hypertension, is typified by blood pressure above 140/90. The first number is the systolic pressure, measuring the blood force as the heart contracts, pumping blood away from the heart. The second number is the diastolic pressure, the blood force as the heart relaxes, allowing blood to flow to the heart. Ninety percent of U.S. individuals age 55 to 65 will develop hypertension during their lifetime, according to the *Journal of the American Medical Association*.

A different study published in the *New England Journal of Medicine* found that race, age and gender affect what therapies are most effective for hypertension. The bottom line — discuss with your doctor which combinations of therapies are best for you.

Three New Members Welcomed to the Commission

The GIC welcomed three new Commissioners this winter. Both AFSCME and Local 254 nominated new members for their respective unions. The AFSCME, Council 93 representative is Karen Hathaway, who replaces Chrystene Zarazinski. Stephen B. Chandler is the new representative for Local 254, SEIU, succeeding John Walsh. Additionally, the Commonwealth's new Administration and Finance Secretary, Eric A. Kriss, has designated Peter Schwarzenbach, his Undersecretary, to serve on the Commission.



Karen Hathaway has worked for the state since 1977. She works as a supervisor in the IT division at Bridgewater State College. Active in the AFSCME union for the last 14 years, Ms. Hathaway was recently elected to her fifth two-year term as Treasurer. Through her work in the union, she has gained an appreciation for employees' GIC benefit needs. "The years ahead are going to be difficult," she said. "I hope to serve both active employees and retired employees to make sure they have quality care, while keeping premiums and co-pays affordable."

Stephen B. Chandler has been a Probation Officer at the Roxbury District Court for the past 23 years. Prior to his appointment in the court system, he was a teacher. He is a regional steward for Local 254 and has also been an active union member. "I will take a common sense approach," he stated. "In a fiscal crisis both sides should give to reach a fair compromise."



Prior to joining Administration and Finance, Peter Schwarzenbach was the co-founder and Executive Vice President of Internet-based technology trading marketplace, yet2.com. During the 1990's he was Vice President, General Counsel and Secretary of Staples, Inc. He has also served in an executive and legal capacity at MediVision and Ropes & Gray. "In addition to the great job the GIC has traditionally done to hold down plan premiums, the GIC needs to focus on the changes we can make in our plan structure to allow the individual plan member to help us drive down the cost of health care," he said.

"This includes allowing our members to reap the full benefit of choosing a lower-cost, high quality plan, something which today is not done. Together, I believe the GIC and our members can change the current ever-increasing health care cost spiral," he concluded.

The GIC extends a warm welcome to our newest members and thanks their predecessors for their hard work.

Annual Enrollment is April 7 through May 9 For Changes Effective July 1, 2003

continued from page 1

Active Employees Can Also:

- ◆ Enroll in the new Pre-Tax Health Care Spending Account (HCSA)
- ◆ Enroll in GIC Dental/Vision or change dental plans (Indemnity or PPO) if they are managers, in the Legislature, or a Legislative or Executive Office staff member
- ◆ Apply for Optional Life Insurance (or anytime during the year)
- ◆ Apply for Long Term Disability (or anytime during the year)
- ◆ Apply for the Health Insurance Buy-Out Plan
- ◆ Opt in or out of Pre-Tax Basic Life and Health Premium Deductions

Retirees Can Also:

- ◆ Enroll in the Retiree Dental Plan
- ◆ Apply for the Health Insurance Buy-Out Plan

See your *Benefit Decision Guide* for Plan information and eligibility details. The *Benefit Decision Guide* will be delivered to agencies (active employees) and homes (retirees) during the first week of April. Also, refer to the annual enrollment news beginning on page 2 of this newsletter.

Forms are due Friday, May 9, 2003 for changes effective July 1, 2003. If you are an active employee, return completed forms to your GIC Coordinator; return completed medical applications for LTD and Optional Life to the insurance carriers.

If you are a Non-Medicare retiree or survivor, return completed forms to the GIC and send HMO or PPO enrollment applications, if selected, to the Plan.

Medicare retirees and survivors should write to the GIC and return completed Medicare HMO applications, if selected, to the Plan.

GIC HEALTH FAIR SCHEDULE 2003

APRIL 2003

9 WEDNESDAY 10-3

Bristol Community College
Commonwealth Center-Atrium Area
777 Elsbree Street
FALL RIVER, MA

10 THURSDAY 10-3

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM, MA

11 FRIDAY 10-3

Mt. Wachusett Community College
Commons Area
444 Green Street
GARDNER, MA

14 MONDAY 10-3

Worcester State College
Gymnasium
486 Chandler Street
WORCESTER, MA

15 TUESDAY 10-3

State Lottery Commission
1st Floor Conference Room
60 Columbian Street
BRAINTREE, MA

22 TUESDAY 9-3

McCormack State Office Building
One Ashburton Place – 21st Floor
BOSTON, MA

23 WEDNESDAY 2-6

State Laboratory Institute
1st Floor Cafeteria
305 South Street
JAMAICA PLAIN, MA

24 THURSDAY 10-3

Middlesex Community College
Building 8
Springs Road
BEDFORD, MA

25 FRIDAY 10-2

Northern Essex Community College
Haverhill Campus
Bentley Library Conference Area
Elliott Way
HAVERHILL, MA

26 SATURDAY 11-3

Mass Maritime Academy
Academy Drive
Harrington Building
BUZZARDS BAY, MA

28 MONDAY 11-3

Springfield State Office Building
Room B42
436 Dwight Street
SPRINGFIELD, MA

29 TUESDAY 10-3

Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW, MA

30 WEDNESDAY 10-3

U-Mass Amherst
Student Union Ballroom
AMHERST, MA

MAY 2003

2 FRIDAY 10-2

Tewksbury State Hospital
Saunders Building
365 East Street
TEWKSBURY, MA

GIC HEALTH FAIRS

*For additional benefit
information, attend
your local
health fair.*

New Contraceptives Increase Options

The U.S. Food and Drug Administration has approved four new contraceptives over the last two years, giving women more birth control options. Of the nearly 39 million U.S. women who use contraception, more than 10.5 million currently choose birth control pills. However, their failure rate varies considerably, depending on patient compliance. With perfect use, the failure rate of oral contraceptives is only 0.1%. Most women fail to take the pill *every* day. The consequence - 5% to 8% of women taking the pill become pregnant. A 1998 study found that over time 47% of women miss 1 or 2 pills per cycle and 22% of women miss 2 or more pills per cycle.

The new birth control options offer more convenience than a daily pill regimen. However, that convenience must be weighed against their effectiveness rates, drawbacks, and adverse effects. Before you decide to use one of these birth control methods, talk with your doctor about all prescription and nonprescription medications (including herbal medications) you may use and review your medical history. None of the new options help prevent Sexually Transmitted Diseases (STDs). All of these options are covered by your GIC health plan or pharmacy program (Indemnity, PLUS, and PPO members). Call your Plan for co-payment details.

Ortho Evra (Birth Control Patch) - Approved November 2001

WHAT IT IS

The birth control patch is a one and 3/4 inch square, thin patch that continuously delivers two synthetic hormones (progestin and estrogen) through your skin, preventing a woman's ovaries from releasing eggs (ovulation).

ADMINISTRATION

You place a patch each week for a three-week period on your abdomen, buttocks, arm, or upper abdomen. On the fourth week you will be patch free and your menstrual period occurs. You restart the sequence the following week.

EFFECTIVENESS

Highly effective: 0.1% failure rate

RISKS

Similar to oral contraceptives - risk of blood clots, heart attack and stroke; cardiovascular side effects if combined with smoking.

Mirena - Approved November 2000

WHAT IT IS

A small, flexible device placed in the uterus that slowly releases a hormone (levonorgestrel).

ADMINISTRATION

Implanted and removed by a properly trained health care professional for a period of up five years.

EFFECTIVENESS

Highly effective: 0.8%-2.0% failure rate

RISKS

At time of insertion, small risk of expulsion or uterine infection or perforation. Some risk of bleeding and cramping, headache, nausea, breast pain, acne, rash, hair loss or weight gain.

Nuva Ring - Approved October 2001

WHAT IT IS

A soft, flexible, transparent plastic vaginal ring containing hormones similar to birth control pills that prevents ovulation.

ADMINISTRATION

You insert the ring into the vagina. After four weeks, you remove it and your menstrual period occurs. On the fifth week, you insert another ring.

EFFECTIVENESS

Highly effective: 0.1% failure rate.

RISKS

Similar to oral contraceptives - vaginal discharge, nausea, moderate weight gain, headaches, breast tenderness, vaginitis, slight risk of blood clots in the legs or lungs.

Lunelle - Approved October 2000

WHAT IT IS

A monthly injection containing estrogen and progesterone that inhibits ovulation.

ADMINISTRATION

A health care professional administers your monthly injection during your period. It is given in the buttocks, thigh or upper arm.

EFFECTIVENESS

Highly effective: 0.03% failure rate.

RISKS

Irregular bleeding, moderate weight gain, headaches, and mood swings. Risk of blood clots and stroke. Not recommended for smokers, those with high blood pressure, breast or uterine cancer, liver disease, or a history of heart attack or stroke.

Letters to the Editor



"I would like (to express) my gratitude to the Massachusetts Indemnity Insurance Program staff. This insurance plan turned out to be a life saver! My husband was a diabetic who ended up with kidney failure, which put him on dialysis for a year and a half. He was in and out of hospitals with cardiac arrest numerous times over a two year period before passing away. The (Indemnity) plan covered all his medical expenses. I sing your praises all the time and thank God I had the foresight to join this program before these life-threatening conditions occurred. The support system I received from the Case Managers was a wonderful help pulling me through the difficult times." B. Lander, Henderson, Nevada

The GIC welcomes your feedback. We will include selected letters in our newsletter. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to **Cynthia McGrath, Editor, *For Your Benefit*, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.**

GIC ID Number

Active employees may use a number other than their Social Security Number for their GIC identification number. Because of the need to coordinate benefits with the federal Medicare program, retirees must use their Social Security Number as their GIC ID number. If you are an active employee and wish to have a different number, please request the change in writing, along with your full name, address and Social Security number. Write to Nancy Bolduc, Director of Operations and Services, GIC, PO Box 8747, Boston, MA 02114-8747.

SEE OUR WEB SITE FOR THE LATEST ANNUAL ENROLLMENT INFORMATION www.mass.gov/gic

- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Answers to common GIC questions
- Tools and links to help you take charge of your health

The GIC will also offer a new tool for researching your hospital options. See our web site for details (password: quality).

Annual Enrollment Benefit Access

Indemnity & PPO Plans

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Medicare Extension (OME) (UNICARE)	1-800-442-9300 www.plusaccess.com
Commonwealth PPO (Tufts Health Plan)	1-800-870-9488 www.tuftshealthplan.com
Mental Health, Substance Abuse, EAP (UBH)	1-888-610-9039 www.liveandworkwell.com access code: 10910
Prescription Drugs - Express Scripts	1-877-828-9744 www.express-scripts.com

GIC HMOs

Fallon Community Health Plan, Direct, Select Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care	1-800-542-1499 www.harvardpilgrim.org
First Seniority	1-800-779-7723
Health New England, Health New England MedRate	1-800-842-4464 www.healthnewengland.com
Neighborhood Health Plan	1-800-433-5556 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement, Tufts Secure Horizons	1-800-462-0224 www.tuftshealthplan.com 1-800-867-2000

Other Benefits

Employee Assistance Program (EAP) Accessed by Managers and Supervisors (UBH)	617-558-3412 www.liveandworkwell.com access code:10910
Health Care Spending Account (HCSA) (Sentinel Benefits)	1-800-819-9853 mass.gov/gic
Dependent Care Assistance Program (DCAP) (Sentinel Benefits)	1-800-819-9833 mass.gov/gic
Long Term Disability (LTD) (CNA)	1-866-847-6343 www.maemployeesltd.com
Life Insurance and AD&D (UNUM Provident)	Call the GIC x801 mass.gov/gic
LifeBalance® password and ID: lifebalance	1-800-854-1446 www.lifebalance.net
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 mass.gov/treasury/srb.htm
GIC Retiree Dental Plan (Altus Dental)	1-800-722-1148 www.altusdental.com
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
Dental Benefits for Managers, Executive Offices and Legislative Staff only (Delta)	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Executive Offices and Legislative Staff only (Davis Vision)	1-800-650-2466 www.davisvision.com
Group Insurance Commission	1-617-727-2310 mass.gov/gic
TDD/TTY Access	1-617-227-8583

For Your Benefit is published quarterly by the
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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

GIC Reminders

Retirement and Turning Age 65

Before you retire, call or visit the State Retirement Board or your local retirement board for retirement counseling.

If you are 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility.

- ◆ If eligible and if you continue working after age 65, you should enroll in Medicare Part A. You and your spouse should NOT enroll in Medicare Part B until you (the insured) retire.
- ◆ If eligible and if you are retired, you **MUST** enroll in Medicare Parts A and B to be covered by the GIC.

The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65. When the employee retires, the spouse must sign up for Medicare Parts A and B.

See page 7 for phone numbers and web site addresses. See our web site for other answers to common GIC questions: www.mass.gov/gic

Notify the GIC when you:

- ◆ Add a spouse or dependents
- ◆ Get divorced or remarried
- ◆ Move

Active employees must notify the GIC by advising your GIC Coordinator. GIC Coordinators are then required to forward this information to the GIC. Retirees must write to the GIC. Failure to notify the GIC of these changes, such as divorce, may result in financial penalties.

Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at a Reasonable Cost

GROUP INSURANCE COMMISSION
COMMONWEALTH OF MASSACHUSETTS

P.O. BOX 8747 • BOSTON, MA 02114-8747

▶ Annual Enrollment is April 7 through May 9
▶ Annual Enrollment Benefit News
▶ GIC Health Fair Schedule 2003
▶ New GIC Patient Safety Information Available
▶ News for Enrollees with High Blood Pressure

inside...